U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

Name Kent

Street

City

3. Name and address of person filing.

P.O. Box, Bldg., Room No., if any

830 Newton St

Turner

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

Street 5000 J St. SW

1 / 1 / 2004 Through: 12 / 31 / 2004

4. Name, file number, and address of labor organization.

Name Ironworkers Local 89

Labor Organization File Number 005-966

P.O. Box, Building and Room Number, if any

City 1	Waterloo		City	Cedar Rapids		*> -	
State :	Iowa	ZIP Code + 4 50701	State	Iowa	ZIP Code + 4 524	04-4915	
5. Position in labor organization. Executive Board							
4.,	appropriate data below if, during	in the first that the second	use or min	or child directly or ind forth in the instructions	ारुक् irectly had any of the following interests	:! ·*	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.							
Name and address of Employer (including trade name, if any).			7.a. Nati	ure of Interest, Transac	ction, or Income.		
Name							
Trade N	ame, if any:					**	
P.O. Box, Bldg., Room No., if any							
Street			7.b. Amo	ount.			
City			To the state of th		\$0		
State	e de la companya del companya de la companya del companya de la co	ZIP_Code + 4		CAND	383		
Signature							

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

> 7/6/2005 Date

City

Telephone Number

Name of Person Filing Kent Turner	File Number U-						
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.							
Name and address of Business (including trade name, if any).	9. Business deals with:						
Name	a. Labor Organization						
Trade Name, if any:	b. Trust						
P.O. Box, Bldg., Room No., if any	c. Employer						
Street							
City							
State ZIP Code + 4							
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.						
Name							
Trade Name, if any:							
P.O. Box, Bldg., Room No., if any							
Street	11.b. Approximate dollar value of such dealing. \$0						
City	12.a. Nature of interest held or income received.						
State ZIP Code + 4							
12.b. Amount.							
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.							
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.						
Name							
Trade Name, if any:							
P.O. Box, Bldg., Room No., if any							
Street							
City							
State ZIP Code + 4							
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment. \$0						

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